



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
U.S. ARMY INSTALLATION MANAGEMENT COMMAND-PACIFIC
HEADQUARTERS, UNITED STATES ARMY GARRISON, HAWAII
745 WRIGHT AVENUE, BUILDING 107, WHEELER ARMY AIRFIELD
SCHOFIELD BARRACKS, HAWAII 96857-5000

JUL 16 2018

IMHW-ZA

MEMORANDUM FOR All Military Personnel and Department of Defense (DoD)
Civilian Employees within United States Army Garrison, Hawaii (USAG-HI)

SUBJECT: Policy Memorandum USAG-HI-7 Risk Reduction Program (RRP) and the
Installation Prevention Team (IPT)

1. References.

- a. HQDA Operations Order, Enduring Personal Readiness and Resilience, 01 Dec 16.
- b. Army Regulation (AR) 600-63, Army Health Promotion, 14 Apr 15.
- c. Department of the Army Pamphlet 600-24, Health Promotion, Risk Reduction and Suicide Prevention, 14 Apr 15.
- d. Army Directive 2015-21, Update to the Army Risk Reduction Program (RRP), 08 Apr 15.
- e. Army Directive 2013-11, Change to the Army RRP, 02 May 13.
- f. AR 600-85, Army Substance Abuse Program, 28 Nov 16.
- g. Deployment Cycle Support Directive, 26 Mar 07.

2. Purpose. This policy provides guidance for, and establishes responsibilities for, the RRP, IPT, and the membership of the IPT for U.S. Army in Hawaii.

3. Applicability. This policy applies to all U.S. Army Hawaii commands and tenant units.

4. Participants. The following individuals/office representatives are assigned to the IPT. Respective offices are responsible for data collection, data analysis, and committing resources for risk mitigation and intervention. Subject Matter Experts (SME's) are as follows:

COL Thomas J. Barrett, Garrison Commander, Co-Chair

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COL Charles D. Zimmerman, Schofield Barracks Health Clinic Commander, Co-Chair

COL David L. Shoffner, Command Chaplain, Co-Chair

COL Christine M. Watson, Medical Command, Representative

COL Ian R. Iverson, Staff Judge Advocate, Representative

COL Shannon M. Lucas, Provost Marshal, Representative

COL Millard D. Brown III, Behavioral Health Services, Representative

LTC Evelyn R. Vento, Behavioral Health Services, Representative

MAJ Matthew C. Wesmiller, Operations Research Systems Analyst, Representative

MAJ Britton A. Landry, Operations Research Systems Analyst, Representative

MAJ Matthew S. Garrido, Social Work Services MEDDAC, Representative

MAJ Josephine P. Horita, Division Psychiatrist, Representative

Mr. Michael S. Amarosa, USAG-HI Deputy Garrison Commander, Representative

Mr. Clyde E. Sage, USAG HI Executive Officer, Representative

Mr. Dennis C. Drake, Public Affairs Officer, Representative

Ms. Suzanne V. King, Directorate of Family and Morale, Welfare and Recreation, Representative

Ms. Stacie Austin-Phillips, Youth Services Director, Representative

Ms. Pamela S. Jinnohara, Army Substance Abuse Program Manager, Representative

Mr. German E. Villon, ASAP Prevention Supervisor, Representative

Dr. James A. Schmidt, Employee Assistance Program, Representative

Mr. William M. MacDonald, Risk Reduction Program Coordinator, Facilitator

Mr. Brent K. Oto, Suicide Prevention Program Manager, Representative

Ms. Linda A. Bass, Ready and Resilient Program Specialist, Representative

Ms. Gina Kropiewnicki, Ready and Resilient Program Specialist, Representative

Dr. James Slobodzien, Substance Use Disorder Clinical Care Director, Representative

Dr. Henry L. Cashen, Social Work Services, Army Community Services, Representative

Mr. Don L. Kreager, Family Advocacy Program Manager, Army Community Services, Representative

Mr. Kiman (James) Kang, Installation Safety Officer, Representative

Mr. Billy R. Chestnut, Division Safety Officer, Representative

Mr. Timothy R. Ah Young-Shelton, 8th Theater Support Command Safety Officer, Representative

Mr. Domie Z. Tuazon, Drug Testing Coordinator, Representative

Special Agent Eric J. Geraci, Criminal Investigation Division, Representative

5. Invited Guests.

- a. Dr. Robert M. Stephens, Directorate of Human Resources, Representative

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b. American Red Cross Program Manager, Army Community Services, Representative

6. Tasks. The tasks of the IPT include:

a. Developing the Installation Prevention Plan, a working document which addresses risk areas for service members of U.S. Army Garrison, Hawaii.

b. Providing commanders with a means to identify, analyze and proactively address high risk Soldier behaviors as they directly impact individual and unit combat readiness.

c. Identifying SMEs and resources to mitigate high risk behaviors.

d. Providing statistical information to the IPT and unit commands for consultation, prevention strategies and training opportunities for universal and targeted populations as needed.

7. General.

a. The RRP is a commander's tool designed to decrease Soldier high risk behaviors, thus increasing Soldier and unit readiness. The program is designed to identify, analyze and mitigate high risk behaviors, utilizing a coordinated effort between commanders and installation service agencies to implement effective intervention strategies.

b. Quarterly reports are provided to battalion and brigade level commanders by the RRP, furnishing a unit "bull's eye" graphic of 15 risk factors indicating high risk (e.g., deaths, class C, D and E accidents, self-harm, suicide attempts, AWOLs, drug offenses, alcohol offenses, traffic violations, crimes against persons, crimes against property, crimes against society, domestic violence, child abuse, financial problems or risk, positive urinalysis). If the data highlights a significant risk in a collected risk factor, the RRP coordinators and affected members of the IPT will contact the unit commander and develop appropriate intervention strategies. In the quarterly reports to commanders, a unit "bull's eye" graphic is provided, showing unit high risk rates as compared to installation and Active Army rates for the same period. Commanders can quickly respond with additional awareness training.

c. The IPT is a team of SMEs appointed by the Garrison Commander. Members of the IPT are valued experts who add their analysis and develop interventions designed to mitigate unit high risk behaviors. They can speak to, and commit resources for, installation-wide prevention, education, and campaign interventions in their area of expertise. Data reporting personnel working in conjunction with the IPT members/SMEs must ensure that data, as defined by the

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RRP, is accurately collected and provided to the RRP office on the required template by unit identification code (UIC) no later than the 10th of each month.

d. In accordance with the Deployment Cycle Support Directive, the Unit Risk Inventory (URI) and the Reintegration Unit Risk Inventory (R-URI) are anonymous questionnaires designed to screen for high risk behaviors and attitudes that compromise unit readiness. The URI is administered to the unit no later than 30 days prior to deployment or to non-deploying units annually. The R-URI is administered to redeploying Soldiers 30-120 days post deployment. The results of the URI/R-URI will be used to adjust training and prevention efforts within the unit to reduce high-risk behaviors. The URI is also a great tool for incoming commanders to assess the climate within their unit.

e. Each commander will take full advantage of this program to detect and deter high risk behaviors.

8. Period. Installation Prevention Team membership is valid until officially relieved or released from this appointment.

9. This policy supersedes Policy Memorandum USAG-HI-7, (SAB) dated 27 Nov 17 and remains in effect until superseded or rescinded in writing.

10. The proponent/point of contact is the Risk Reduction Program Coordinator's office, at 655-0996 or 655-3984.



THOMAS J. BARRETT
COL, AV
Commanding

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